

TRAVEL REQUEST (Review Travel Regulations)

Date: 7/1/19

Name Tishaura O Jones Title Treasurer Office Telephone: 314-622-3434

Dept./Section Backings Div. Dept. No. 343

Destination: City Denver State CO

Purpose: NewDEAL Leaders Ideas Summit

Convention/Meeting: Commencement Time 1130 AM PM Day/Date Monday, 5/6/19 Adjournment Time 2 AM PM Day/Date Tuesday, 5/7/19
 (Enclose a copy of Convention/Seminar/Meeting announcement with request).

PROPOSED ITINERARY

Departure Time:	850	1010	720	1020
Arrival Time:	1010	720	1020	
Day/Date	Monday, 5/6/19	Wednesday, 5/8/19		
Method of Travel:	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input type="checkbox"/> Private Auto <input type="checkbox"/> City Car			
Air Coach Fare \$	209.95	474.58		
Hotel @ <u>2</u> Night \$				
*Registration \$		0.00		
*Food \$				
Total \$		684.53		

ESTIMATE OF TRIP EXPENSES

TRIP EXPENSES TO BE PAID BY:

- a) City Funds _____
- b) Special Funds _____

Account No. _____ Account Title _____

Expenses covered by New DEAL leaders & Treasurer Jones.

*Indicate below meals covered by Registration Fees:

Breakfasts _____ Lunches _____ Dinners _____
 Airline Tickets Required (Prepaid Fare) Yes _____ No _____

Advance payment approved: \$ _____

APPROVED: _____ (Division Head) _____ (Date) _____ (Federal Grants) _____ (Date)

APPROVED: Shikama Ginn (Department Director) 7/1/19 (Date) APPROVED: _____ (Comptroller) _____ (Date)

RECEIVED
AUG 06 2019



REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
(Note the Travel Regulations on Reverse Side)

DARLENE GREEN DATE 7/1/19
Comptroller

212 City Hall
St. Louis, MO

Name: Tishaura O. Jones Phone: 314-622-3434 Dept: Parking No. 343
Trip To: Denver, CO Method of Travel: Air
Purpose: NewDEAL Ideas Summit Prior Approval By: _____

	Time	Day/Date
Leave St. Louis	8:50 <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, 5/6/19
Arrive DEN	10:10 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Convention/Meeting Commencement	11:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday, 5/6/19
Convention/Meeting Adjournment	2:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday, 5/7/19
Leave DEN	7:20 <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday, 5/8/19
Arrive St. Louis	10:20 <input type="checkbox"/> AM <input type="checkbox"/> PM	

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	TOTAL
	5/6	5/7	5/8						
Fare	209.95								209.95
Registration									0
Limo - To Airport			66						66
Limo - From Airport	32.83								32.83
Breakfast	12	12.50							24.5
Lunch	22.50	22.50							45
Dinner	47								47
Hotel	237.29	237.29							474.58
Other:									0
Taxi		9.85							9.85
Transportation	25.70								25.7
									0
TOTAL	587.27	282.14	66	0	0	0	0	0	935.41

REMARKS:	Less Advance:
Hotel, meals, and transportation covered by The New DEAL and	Less Registration:
Treasurer Jones.	Less Prepaid Fare:
	Amount Due:
	Charge to Account No.:
	935.41
	0.00

I certify that the above is a true and accurate accounting of my expenses.

APPROVED:

(Signature) Tishaura O. Jones (Date) 7/1/19
(Department Head) (Date)

(Deputy Comptroller-Federal Grants) (Date)
(Comptroller) (Date)